COMBINED DECLARATION FOR (Includes Reference to PCT International Applications)	ATTORNEY DOCKET NUMBER NVS-1050										
As a below named inventor, I (we) hereby declare that:											
My residence, post office address and citizenship are as stated below next to my name,											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
RIBBON-TYPE VASCULAR PROSTHESIS HAVING STRESS-RELIEVING ARTICULATION AND METHODS OF USE											
the specification of which (check only one item below):											
is attached hereto.											
was filed as United States application											
Serial No.	Serial No.										
on											
and was amended											
on (if applicable)											
was filed as PCT international	application										
Number	Number										
on											
and was amended under PCT	Article 19										
on	on (if applicable)										
I hereby state that I have reviewed and under	stand the contents of the above-identified spe	cification, including the claims, as amende	by any amendment referred								
above.	·	, • • • • • • • • • • • • • • • • • • •	•								
I acknowledge the duty to disclose information	n that is material to the patentability of this app	lication in accordance with Title 37, Code of	Federal Regulations, §1.56.								
I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §356 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:											
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)									
			☐ YES ☐ NO								
			☐ YES ☐ NO								
			☐ YES ☐ NO								
			YES NO								
	.,		YES NO								

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Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)					NVS-	ATTORNEY DOCKET NUMBER					
of Ar mann define	nerica that is/are listed er provided by the fire	l below a st paragn Federal	a 35, United States Code §120 of an and, insofar as the subject matter of aph of Title 35, United States Cod Regulations §1.56 which became av	each of the file o	he claims of this application acknowledge the duty to di	is not di sclose inf	sclosed in th	at/those prior app	olication(s) in the		
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:											
U.S. APPLICATIONS					· STATUS (Check one)						
υ	S. APPLICATION NUMB	ER	U.S. FILING DATE			PATENTED		PENDING	ABANDONED		
10/342,427			January 13, 2003					<b>'</b>			
60/4	436,516		December 24, 2002					V	-		
		PCT A	PPLICATIONS DESIGNATING T	HE U.S.							
PCT APPLICATION NO.			PCT FILING DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)						
				<u>                                     </u>							
HAH HAM	N, Reg. No. 34,833; I ILLTON & SCRIPPS, v Correspondence to: Nicola A. Pi LUCE, FOR 11988 El Ca	Nicola A. Pisano, Esq.  LUCE, FORWARD, HAMILTON & SCRIPPS 11988 El Camino Real, Suite 200  San Diego, California 92130  ULL NAME OF HOGENDIJK  ESIDENCE & CITY			TER R. MARTINEZ, Reg. No. 42,845, all a o Real, Suite 200, San Diego, CA 92130.  FIRST GIVEN NAME  MICHAEL  STATE OR FOREIGN COUNTRY		HELL P. BROOK, Reg. No. 32,967, PETER K. attorneys with the firm of LUCE, FORWARD,  Direct Telephone Calls to: (name and telephone number)  Nicola A. Pisano (858) 720-6320  SECOND GIVEN NAME				
		PALO	O ALTO		CALIFORNIA		US				
	POST OFFICE ADDRESS		ST OFFICE ADDRESS I FOREST AVENUE, #904		CITY PALO ALTO		STATE & ZIP CODE/COUNTRY  CALIFORNIA/94301/UNITED STATES				
2	FULL NAME OF INVENTOR	FAMIL	ILY NAME FI		GIVEN NAME		SECOND GIVEN NAME				
0 2	RESIDENCE & CITIZENSHIP	CITY	STA		TATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP				
į	POST OFFICE ADDRESS	POST C	OFFICE ADDRESS	CITY	TY		STATE & ZIP CODE/COUNTRY				
	Additional inventors are	being na	amed on the supplemental A	ditional	nventor(s) sheets(s) attached	hereto.					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United Stotes Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.  SIGNATURE OF INVENTOR 202											
02 - 03 - 04 DATE											

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